

Headquarters  
U.S. Army Armor Center and Fort Knox  
Fort Knox, Kentucky 40121-5000  
14 November 1994

USAARMC Reg 40-1

## Medical Services

### AIR AMBULANCE EMPLOYMENT

**Summary.** This regulation provides medical policy and procedures for the use of air ambulances as a part of the health care delivery system at Fort Knox, Kentucky. This regulation establishes policy for both prehospital and hospital transfer procedures. All other specific responsibilities and requirements for Headquarters, U.S. Army Armor Center (HQ, USAARMC) and Fort Knox commands and directorates for the commitment of 50th Medical Company (Air Ambulance) are found in Memorandum of Instruction (MOI) for Commitment of 50th Medical Company (Air Ambulance) dated 6 October 1993.

**Applicability.** This regulation applies to all major activities, staff offices, directorates, departments, and tenant commands, this headquarters.

**Suggested Improvements.** The proponent of this regulation is the Directorate of Health Services (DHS). Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Commander, USAARMC and Fort Knox, ATTN: HSXM-TEM, Fort Knox, KY 40121-5520.

#### 1. References.

- a. HSC Pam 40-7-18, 21 July 1992, Prehospital Emergency Care and Transportation.
- b. USAARMC Memorandum of Instruction for Commitment of 50th Medical Company (Air Ambulance), 6 October 1993.
- c. 50th Medical Company (Air Ambulance) Standing Operating Procedures (SOP) for Fort Knox Flight Operations, 28 September 1993.
- d. AR 500-60, 1 August 1981, Disaster Relief.
- e. AR 500-4, 15 January 1982, Military Assistance to Safety and Traffic.

#### 2. Policy.

- a. Air ambulance missions at Fort Knox fall into four basic categories.

(1) Range missions. Missions that G3 Range Division requests in support of an accident/incident that has occurred within the range complex.

(2) On post medical emergency missions. Missions that occur within the confines of the installation not associated with the range complex.

(3) Ireland Army Community Hospital (IACH) hospital transfers. IACH may have a need to move both emergent and urgent patients to hospitals within and outside of the established local flying area. Availability of care and the medical needs of the patient determine these requirements.

(4) Civilian medical emergencies (off post). When civilian air ambulance service is not available or there is a need for augmentation of that capability during medical emergencies, the civilian community may request assistance of both ground and air ambulances.

b. The Director of Health Services (DHS) for Fort Knox is the Commander of IACH and is responsible for all medical care that occurs on the entire installation to include the care provided to all patients onboard DOD ground and air ambulances. The DHS approves and monitors the scope of care, treatment protocols, and operational procedures. The DHS has delegated this responsibility to the Chief, Emergency Medical Services (C,EMS) at IACH. Users will address aeromedical procedural issues to the Chief, Emergency Medical Services at 4-9917.

c. The flight surgeon on staff at IACH will review the scope of practice and training of the flight medics and serve as an aeromedical adviser to the DHS and C,EMS on aeromedical evacuation and transportation

d. Air ambulances providing support to the installation are under the operational control of G3/Director, Directorate of Plans, Training, and Mobilization (G3/DPTM). The flight crews will work under the medical control/supervision of the Chief, Emergency Medical Services. The Senior Medical Officer (SMO) in the Emergency Department (ED) will be the medical control authority for all air ambulance missions. The SMO will monitor all on-post and off-post missions, provide medical guidance, and make the decision on the appropriate medical treatment facility for the patient(s).

e. By direction of the Commanding General, Fort Knox, the G3/DPTM is the approval authority for all nonmedical missions. Additionally, G3 Range Division will be notified of all missions, medical and nonmedical. G3 Range Division is responsible for monitoring the status of air ambulance aircraft at all times.

### 3. Procedures.

a. One may request ambulance support from the ambulance section dispatcher at IACH by dialing 911 or extensions 4-9555 and 4-9547. The ambulance section dispatcher serves as the conduit of medical control information from the SMO in the ED to the air ambulance teams. The ambulance section dispatcher does not man the position on a 24-hour continuous basis. When the dispatcher is not on duty, the ED provides this service directly to the air ambulance teams. The ED primary telephone number is 4-9002 with 4-9000 and 4-9001 as alternates.

b. G3 Range Division controls range missions. Once G3 Range Division has received a request for air MEDEVAC it activates the "Hot Line" that rings in the ambulance section dispatchers area, in the MEDEVAC crew area at Godman Army Airfield (AAF), and in the ED. If ambulance section dispatcher does not answer the hot line the SMO in the ED should answer the hot line. The ambulance section dispatcher will immediately notify the SMO of the mission in progress and remain on the line to receive the initial patient information. Based on the patient information received and the reported situation, the SMO could in rare situations require the air ambulance crew to stop at the IACH helipad to pickup additional medical personnel and equipment to assist with the medical emergency. The SMO will coordinate for additional personnel and/or equipment to accompany the air ambulance thru G3 Range Division via radio or land line. G3 Range Division will relay the information/request to the flight crew. The SMO will continue to monitor both the primary G3 Range Division frequency 38.90 and 40.10 for additional patient information. The SMO will relay initial patient stabilization information to the accident/incident site as appropriate. Once the aircrew has arrived at the site, the flight medic will relay patient information to the SMO via 40.10 as soon as possible. If there is a problem with the primary MEDEVAC frequency, G3 Range Division will relay the information on 38.90 or by telephone. Based on the patient(s) condition, treatment protocols, and availability of services, the SMO will determine the destination medical treatment facility for the patient(s).

c. The ambulance section dispatcher will normally receive requests for assistance to on-post medical emergencies. Based on the medical situation, the SMO will make the decision to use or not to use air ambulance support. The air ambulance mission request will go directly to the aircrew on duty at Godman AAF. The SMO will monitor the mission and receive patient information from the flight medic via FM 40.10. Based on the patient(s) condition, treatment protocols, and availability of services the SMO will determine the destination medical treatment facility for the patient(s). G3 Range Division must be notified immediately by the SMO of the intended use of the aircrew.

d. IACH transfers involve moving selected patients both emergent and urgent to appropriate care. The SMO will initiate the mission request to the aircrew at Godman AAF. The referring physician at IACH will determine the destination medical treatment

facility. G3 Range Division must be notified immediately by the SMO of the intended use of the aircrew.

e. In the unlikely event that weather conditions or an unexpected operational consideration occurs, the air ambulance crew can fly the patient directly to the Level 1 trauma center in Louisville, Kentucky. The preservation of life, limb, or eyesight is the primary consideration of the flight crew. The Pilot-in-Command will immediately notify IACH and G3 Range Division. The ED at IACH will notify the trauma center in Louisville of the ongoing mission and the status of the patient if known.

f. Requests for assistance to support civilian emergencies normally come into the ambulance section. It is the responsibility of the SMO to ensure that a true medical emergency exists and that the civilian air ambulance operators can not or will not support the requirement. The SMO will initiate the mission request to the aircrew at Godman AAF. The SMO will monitor the mission via FM 40.10 and based on patient(s) condition, treatment protocols, and availability of services the SMO will determine the destination medical treatment facility for the patient(s). G3 Range Division must be notified immediately by the SMO of the intended use of the aircrew.

g. During all missions the Pilot-in-Command will notify G3 Range Division of the following actions:

- (1) Departure from Godman.
- (2) Arrival at intermediate stops if applicable.
- (3) Arrival at patient pickup site.
- (4) Departure from patient pickup site.

(5) Departure from Fort Knox airspace, destination, and expected time of arrival and estimated time of return to Fort Knox.

h. The ambulance section or ED will complete Appendix 1 to annex A of Memorandum of Instruction for Commitment of 50th Medical Company Air Ambulance for all missions except range missions. They will submit these forms to Team S 2/3 as soon as possible after mission completion. Team S 2/3 will submit a copy of the appendix to G3/DPTM, ATTN: ATZK-PTP-F.

FOR THE COMMANDER:



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